

County: Pierce

Facility ID: 4120

Page 1

HERITAGE OF ELMWOOD NURSING HOME  
232 E SPRINGER AVE

ELMWOOD 54740 Phone:(715) 639-2911

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 59

Total Licensed Bed Capacity (12/31/04): 59

Number of Residents on 12/31/04: 47

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 49

City

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		34.0
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		42.6
Supp. Home Care-Household Services	No	Developmental Disabilities	2.1	Under 65	6.4	More Than 4 Years		23.4
Day Services	No	Mental Illness (Org./Psy)	42.6	65 - 74	6.4			-----
Respite Care	No	Mental Illness (Other)	4.3	75 - 84	40.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	34.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.1	95 & Over	12.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	6.4	65 & Over	93.6	-----		
Transportation	No	Cerebrovascular	8.5		-----	RNs		6.4
Referral Service	No	Diabetes	6.4	Gender	%	LPNs		16.0
Other Services	No	Respiratory	10.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	14.9	Male	40.4	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	59.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

## Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	2	6.3	151	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.3
Skilled Care	3	100.0	269	28	87.5	128	0	0.0	0	11	91.7	139	0	0.0	0	0	0.0	0	42	89.4
Intermediate	---	---	---	1	3.1	104	0	0.0	0	1	8.3	135	0	0.0	0	0	0.0	0	2	4.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	1	3.1	171	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.1
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		32	100.0		0	0.0		12	100.0		0	0.0		0	0.0		47	100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	8.6	Bathing	4.3	46.8	48.9	47
Private Home/With Home Health	19.0	Dressing	23.4	46.8	29.8	47
Other Nursing Homes	10.3	Transferring	44.7	42.6	12.8	47
Acute Care Hospitals	58.6	Toilet Use	38.3	48.9	12.8	47
Psych. Hosp.-MR/DD Facilities	0.0	Eating	61.7	31.9	6.4	47
Rehabilitation Hospitals	0.0	*****				
Other Locations	3.4	Continence		%	Special Treatments	%
Total Number of Admissions	58	Indwelling Or External Catheter	2.1	Receiving Respiratory Care		0.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	31.9	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	30.5	Occ/Freq. Incontinent of Bowel	14.9	Receiving Suctioning		2.1
Private Home/With Home Health	27.1	Mobility		Receiving Ostomy Care		0.0
Other Nursing Homes	1.7	Physically Restrained	8.5	Receiving Tube Feeding		2.1
Acute Care Hospitals	5.1			Receiving Mechanically Altered Diets		34.0
Psych. Hosp.-MR/DD Facilities	0.0	Skin Care		Other Resident Characteristics		
Rehabilitation Hospitals	0.0	With Pressure Sores	12.8	Have Advance Directives		97.9
Other Locations	0.0	With Rashes	2.1	Medications		
Deaths	35.6			Receiving Psychoactive Drugs		70.2
Total Number of Discharges (Including Deaths)	59					

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*****									
	This Facility %	Ownership: Government Peer %	Group Ratio	Bed Size: 50-99 Peer %	Group Ratio	Licensure: Skilled Peer %	Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	83.1	93.1	0.89	89.0	0.93	90.5	0.92	88.8	0.94
Current Residents from In-County	42.6	86.2	0.49	81.8	0.52	82.4	0.52	77.4	0.55
Admissions from In-County, Still Residing	10.3	33.0	0.31	19.0	0.54	20.0	0.52	19.4	0.53
Admissions/Average Daily Census	118.4	79.1	1.50	161.4	0.73	156.2	0.76	146.5	0.81
Discharges/Average Daily Census	120.4	78.7	1.53	163.4	0.74	158.4	0.76	148.0	0.81
Discharges To Private Residence/Average Daily Census	69.4	29.9	2.32	78.6	0.88	72.4	0.96	66.9	1.04
Residents Receiving Skilled Care	93.6	89.7	1.04	95.5	0.98	94.7	0.99	89.9	1.04
Residents Aged 65 and Older	93.6	84.0	1.11	93.7	1.00	91.8	1.02	87.9	1.07
Title 19 (Medicaid) Funded Residents	68.1	73.3	0.93	60.6	1.12	62.7	1.09	66.1	1.03
Private Pay Funded Residents	25.5	18.3	1.40	26.1	0.98	23.3	1.10	20.6	1.24
Developmentally Disabled Residents	2.1	2.7	0.79	1.0	2.06	1.1	1.90	6.0	0.35
Mentally Ill Residents	46.8	53.0	0.88	34.4	1.36	37.3	1.26	33.6	1.39
General Medical Service Residents	14.9	18.6	0.80	22.5	0.66	20.4	0.73	21.1	0.71
Impaired ADL (Mean)	44.3	47.5	0.93	48.3	0.92	48.8	0.91	49.4	0.90
Psychological Problems	70.2	69.4	1.01	60.5	1.16	59.4	1.18	57.7	1.22
Nursing Care Required (Mean)	6.6	7.4	0.90	6.8	0.97	6.9	0.97	7.4	0.89